

**NORTHFIELD AREA FAMILY YMCA
1501 HONEYLOCUST DRIVE
NORTHFIELD, MN 55057
(507) 645-0088
WWW.NORTHFIELDYMCA.ORG**

Application for Financial Support

Welcome to the Northfield Area Family YMCA! Through the generosity of our donors, the Y is pleased to provide financial aid for families and individuals in need of financial support. If you are interested in a Y membership, programs or services and need financial support in some way, please complete this form and return it to the Y.

Forms must be complete and include proof of income (copy of prior year taxes or the last two pay stubs). All applications are kept in strict confidence.

| | |
|-------------------------|------------|
| Name: | Date: |
| Address: | |
| City, State, Zip: | |
| Phone: | |
| Spouse or Partner Name: | |
| Dependent Name: | Birthdate: |
| Dependent Name: | Birthdate: |
| Dependent Name: | Birthdate: |
| Dependent Name: | Birthdate: |
| Dependent Name: | Birthdate: |
| Dependent Name: | Birthdate: |

**Annual Household Gross
Income:**

**How much can you afford for
a membership each month:**

| | | | |
|-------------------------------------|---------------------------|-------------------------|--|
| Income Verified By: (Circle One) | Federal Tax Return | State Tax Return | Copies of last two pay stubs (Copies are required per IRS requirements for the YMCA) |
|-------------------------------------|---------------------------|-------------------------|--|

Please use the space below to explain the family situation or any extenuating circumstances

YMCA Use Only

Interview Conducted? Income Verified?

Plan: _____

Fee Reduction at _____%

Applied to: Membership Only Programs Only Membership AND Programs

Expiration Date: _____ Notes: _____

Y Staff Making Determination: _____ Y Executive Director: _____